

## FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

## ELEVATION CERTIFICATE

O.M.B. No. 3067-0077 Expires July 31, 2002

Important: Read the instructions on pages 1 - 7. SECTION A - PROPERTY OWNER INFORMATION For Insurance Company Use: Policy Number **BUILDING OWNER'S NAME** Richard Busch BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number 564 Yellowbird St. ZIP CODE STATE CITY 34145 FL Marco Island PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 7, Block 19, Marco Beach Unit 1 BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) Residential SOURCE: GPS (Type):\_\_\_\_ LATITUDE/LONGITUDE (OPTIONAL) **HORIZONTAL DATUM:** ##<sup>o</sup> - ##' - ##.##" or ##.###<sup>o</sup>) ☐ USGS Quad Map ☐ Other: \_\_\_\_ ☐ NAD 1927 □ NAD 1983 SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B3. STATE **B2. COUNTY NAME B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER** Florida Collier Marco Island 120426 B8. FLOOD B9. BASE FLOOD ELEVATION(S) **B7. FIRM PANEL B4. MAP AND PANEL** B5. SUFFIX **B6. FIRM INDEX** (Zone AO, use depth of flooding) EFFECTIVE/REVISED DATE ZONE(S) DATE NUMBER 06/03/86 AE 07/20/98 0804 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. ☐ Community Determined ☐ Other (Describe): \_\_\_\_\_ ⊠ FIRM ☐ FIS Profile B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🔲 Yes 🔯 No Designation DateN/A SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: 
Construction Drawings\*

Building Under Construction\* \*A new Elevation Certificate will be required when construction of the building is complete. C2. Building Diagram Number 7 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.) C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO Complete Items C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion. Datum N/A Conversion/Comments N/A Elevation reference mark used BM Does the elevation reference mark used appear on the FIRM? u Yes X No a) Top of bottom floor (including basement or enclosure) <u>10</u>. <u>09</u> ft.(m) <u>N/A</u>. \_\_\_ft.(m) b) Top of next higher floor c) Bottom of lowest horizontal structural member (V zones only) N/A. \_\_ft.(m) 7. <u>96</u>ft.(m) d) Attached garage (top of slab) e) Lowest elevation of machinery and/or equipment <u>10</u>. <u>03</u>ft.(m) servicing the building 7. 6ft.(m) f) Lowest adjacent grade (LAG) 7. 7ft.(m) g) Highest adjacent grade (HAG) h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 4 i) Total area of all permanent openings (flood vents) in C3h 505 sq. in. (sq. cm) -25-01 SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available. l understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. LICENSE NUMBER 4582 CERTIFIER'S NAME Charles E. Tolton COMPANY NAME Avirom-Tolton & Associates, Inc. **TITLEVice President** ZIP CODE STATE CITY **ADDRESS** 34112 Naples 2887 Tamiami Trail E., Suite 5 TEI EDHONE DATE CICMATIBE 941-193-6633

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 564 Yellowbird St.			Policy Number
CITY Marco Island	STATE FL	ZIP CODE 34145	Company NAIC Number
SECTION D - SUF	RVEYOR, ENGINEER, OR ARCHITEC	T CERTIFICATION (C	ONTINUED)
Copy both sides of this Elevation Certificate	e for (1) community official, (2) insurance	e agent/company, and	(3) building owner.
COMMENTS			
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			☐ Check here if attachments
SECTION E - BUILDING ELEVATION			
or Zone AO and Zone A (without BFE), cor Information for a LOMA or LOMR-F, Section		vation Certificate is inte	ended for use as supporting
E1. Building Diagram Number _(Select the		ilding for which this cer	tificate is being completed – see
pages 6 and 7. If no diagram accurately			
2. The top of the bottom floor (including ba	asement or enclosure) of the building is	ft.(m)in.(cm) [	above or below (check one)
the highest adjacent grade.  3. For Building Diagrams 6-8 with opening	s (see name 7) the next higher floor or	elevated floor (alexatic	n h) of the huilding ic
ft.(m)in.(cm) above the highest a		cicvated floor (cicvatic	in b) or the building is
4. For Zone AO only: If no flood depth nur			
floodplain management ordinance?			
The property owner or owner's authorized r	PERTY OWNER (OR OWNER'S REP	· <del></del>	
community-issued BFE) or Zone AO must s		A, D, and E lot Zone A	T (WILLIOUL A FEIVIA-155UEU OI
PROPERTY OWNER'S OR OWNER'S AUTHOR	RIZED REPRESENTATIVE'S NAME		
ADDRESS	CITY	STAT	E ZIP CODE
SIGNATURE	DATE	TELE	PHONE
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